

Library

PETERSFIELD URBAN DISTRICT COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER of HEALTH

AND

SANITARY INSPECTOR

for the year

1953



PETERSFIELD :

THWAITES & WATTS, LAVANT STREET

PETERSFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT
OF THE
Medical Officer of Health
AND
Sanitary Inspector
FOR THE YEAR
1953

CONTENTS.

	Pages.
I. MEMBERS OF COUNCIL AND HEALTH COMMITTEE AND PUBLIC HEALTH OFFICERS 	1
II. SUMMARY OF MAIN FEATURES 	2
III. STATISTICS AND SOCIAL CONDITIONS OF THE AREA	3
IV. VITAL STATISTICS 	5-8
V. GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA 	9-11
VI. SCHOOL HEALTH SERVICES 	11-12
VII. HOSPITALS 	13-14
VIII. HOUSING 	14
IX. INSPECTION AND SUPERVISION OF FOOD ...	14-18
X. INFECTIOUS DISEASE 	18-25
XI. SANITARY INSPECTOR'S REPORT 	26-40

THE URBAN DISTRICT COUNCIL OF PETERSFIELD.

Chairman of the Council :
(1953-54)

* MR. K. GAMMON.

Vice-Chairman :

ADMIRAL SIR STUART BONHAM-CARTER.

Members of the Council :
(1953-54)

* MRS. A. A. HAYES.	* MRS. R. F. ALFORD.
* MRS. B. M. WARDLE.	MR. E. C. YOUNG.
* MR. F. M. HOUNSOME.	MR. M. R. URQUHART.
MR. H. C. JACOBS.	MR. J. G. VINCE.
MR. G. J. BASSETT.	MR. A. C. GOULDER.

Chairman of the Health Committee :

MRS. A. A. HAYES.

* Members of the Health Committee.

Public Health Officers :

Medical Officer of Health :

S. CHALMERS PARRY, M.A., Cantab., M.R.C.S., L.R.C.P., D.P.H.

Sanitary Inspector and Meat and Food Inspector :

F. G. BRADLEY, M.S.I.A.

Clerk (part-time) :

MISS T. SMYTH.

PETERSFIELD URBAN DISTRICT COUNCIL.

TOWN HALL,
PETERSFIELD.

*To the Chairman and Members
of the Petersfield Urban District Council.*

I have the honour to present the Annual Report for the year 1953 on the health and sanitary circumstances of the Urban District of Petersfield.

It is satisfactory to report there have been no cases of food poisoning ; and, apart from measles and whooping cough, there have been no epidemics of infectious disease.

For the last ten years, there has been no case of diphtheria. During the year, a diphtheria immunisation publicity campaign was carried out with satisfactory results.

Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection preferably just before going to school.

The Minister of Food has declared his intention to make Winchester and district, which includes Petersfield, a " Specified Area " in which designated milk only may be sold.

I am grateful to Mr. Bradley for his valuable co-operation and assistance in compiling this Report and also for his help in the administration of the Health Department.

J. Chadmore Parry.

Medical Officer of Health,
Petersfield Urban District Council.

STATISTICS OF THE AREA.

Area	2,931 acres.
Rateable Value (31/3/54)	£63,589.
Sum represented by a penny rate (31/3/54)	£250 3s. 0d.
Population	6,949
Number of inhabited houses and flats ...	2,183

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The district is situated in Eastern Hampshire bordering on West Sussex.

The predominant geographical features are the South Downs, which lie to the south, and the Stoner Hill district which lies to the west.

Petersfield is a Market Town and shopping centre for the surrounding districts.

The district is mainly residential, but there are a few light industries—the principal one being a rubber works.

The open space, known as the Heath, includes a boating lake, cricket ground, tennis courts and golf course.

Playing fields are provided at Love Lane, and a children's playground is situated in Bell Hill.

LEGISLATION.

During the year the following new legislation of Public Health significance came into force.

- (1) LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1953.

This Act includes provisions relating to certain outstanding demolition orders, and closing orders in respect of certain buildings.

(2) THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS, 1953.

The Public Health (Infectious Diseases) Regulations, 1953, revoke the 1927 Regulations and, retaining the general provisions of the Regulations, amplifies the measures against food poisoning—

- (1) by relating these (instead of to enteric fever and dysentery, as formerly) to typhoid fever, paratyphoid fever or other salmonella infections (which includes the disease previously known as enteric fever), dysentery and staphylococcal infection likely to cause food poisoning ;
- (2) by applying the measures in general to persons shown to be carriers of these diseases as well as to persons suffering from them ;
- (3) by preventing such persons (in either class) not only from continuing employment involving the handling of food, as formerly, but also from entering such employment ; and
- (4) by enabling a local authority to authorise the medical officer of health to issue notices in emergency, in order to check the spread of these diseases.

(3) MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) (AMENDMENT) REGULATIONS, 1953.

These regulations permit the designation "Sterilised" to be applied to milk sterilised in cans, and appoint 1st October, 1954, as the date from which it will be compulsory to use caps or covers overlapping the lids of containers of pasteurised milk.

(4) BUILDING BYE LAWS. (Made under the Public Health Act, 1936).

The principal changes of Public Health importance are —

- (a) regarding the menial height of ceilings in domestic buildings : this is reduced from 8ft. to $7\frac{1}{2}$ ft.
- (b) regarding the siting of cesspools—
The former requirements of not less than 50ft. from any dwelling-house and not less than 60ft. from any well has now been repealed : and no actual distance from house or well is stated.
But the cesspit is to be so sited as not to become a source of nuisance or a danger to health or to render liable to pollution any well.

VITAL STATISTICS.

Births.	1953.			1952.		
	M.	F.	Total.	M.	F.	Total.
Live Births (Legitimate)	44	35	79	45	41	86
(Illegitimate)	3	1	4	4	2	6
			—			—
Total Live Births	...		83			92
			—			—

Live Birth rate per 1,000 of the estimated "Home" population (mid-1953) was 11·9 compared with 15·5 for the whole of England and Wales.

	1953.			1952.		
	M.	F.	Total.	M.	F.	Total.
Still Births (Legitimate)	1	1	2	1	—	1
(Illegitimate)	1	1	2	—	—	—
			—			—
Total Still Births	...		4			1
			—			—

Still Birth rate per 1,000 total (live and still) births was 45·9 compared with 22·4 for the whole of England and Wales.

Deaths.	1953.			1952.		
	M.	F.	Total.	M.	F.	Total.
From all causes	38	43	81	44	43	87

Death rate per 1,000 estimated "Home" population was 11·6 compared with 11·4 for the whole of England and Wales.

Maternal Mortality.

	1953.	1952.
From Puerperal Sepsis	...	Nil
From other Puerperal Causes	...	Nil

Maternal Mortality rate per 1,000 total (live and still) births, 0·0.

Infant Mortality (deaths under one year).

	1953.			1952.		
	M.	F.	Total.	M.	F.	Total.
Legitimate	...	1	1	2	—	—
Illegitimate	...	—	—	—	—	—
			—			—
Total Infant Deaths	...		2			—
			—			—

Infant Mortality rate per 1,000 live births was 24·0 compared with 26·8 for the whole of England and Wales.

The number of deaths of infants under the age of one year, per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it may then be considered reasonably reliable and one of the best indices of the social circumstances of the district. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that, during the past fifteen years, the quinquennial rates for this district have been considerably lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five-year period :—

Year.		Petersfield U.D.C.		England and Wales.
1937	...	26'65	...	55'4
1938	...	32'19	...	55'2
1939	...	33'71	...	55'4
1940	...	35'19	...	53'6
1941	...	30'30	...	52'8
1942	...	31'88	...	52'0
1943	...	34'07	...	50'0
1944	...	34'12	...	46'6
1945	...	34'76	...	45'0
1946	...	36'71	...	42'0
1947	...	32'41	...	39'2
1948	...	26'35	...	35'9
1949	...	19'85	...	33'3
1950	...	11'45	...	30'6
1951	...	10'51	...	29'2

The infant mortality rate for the year under review was 24'0 compared with 26'8 for England and Wales.

The corresponding figure for 1952 was 0'0 compared with 27'6 for England and Wales.

Causes of Death.

	MALE.	FEMALE.	TOTAL.
1. Tuberculosis of Respiratory System ...	—	—	—
2. Other forms of Tuberculosis ...	—	—	—
3. Syphilis	—	—	—
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal Infections	—	—	—
7. Acute Poliomyelitis	1	—	1
8. Measles	—	—	—
9. Other Infective and Parasitic Diseases ...	—	1	1
10. Malignant Neoplasm, Stomach ...	2	1	3
11. „ „ Lung, Bronchus ...	2	1	3
12. „ „ Breast ...	—	3	3
13. „ „ Uterus ...	—	—	—
14. Other Malignant & Lymphatic Neoplasms	6	1	7
15. Leukæmia, Aleukæmia	2	—	2
16. Diabetes	—	1	1
17. Vascular Lesions of Nervous System ...	5	15	20
18. Coronary Disease, Angina	6	5	11
19. Hypertension with Heart Disease ...	—	—	—
20. Other Heart Disease	6	7	13
21. Other Circulatory Disease	—	2	2
22. Influenza	—	—	—
23. Pneumonia	1	—	1
24. Bronchitis	1	—	1
25. Other Diseases of Respiratory System ...	—	—	—
26. Ulcer of Stomach and Duodenum ...	1	—	1
27. Gastritis, Enteritis and Diarrhœa ...	—	1	1
28. Nephritis and Nephrosis	3	1	4
29. Hyperplasia of Prostate	—	—	—
30. Pregnancy, Childbirth, Abortion ...	—	—	—
31. Congenital Malformations	—	—	—
32. Other Defined and Ill-defined Diseases ...	2	3	5
33. Motor Vehicle Accidents	—	—	—
34. All other Accidents	—	1	1
35. Suicide	—	—	—
36. Homicide and Operations of War ...	—	—	—
	<u>38</u>	<u>43</u>	<u>81</u>

ANALYSIS OF THE CAUSES OF DEATH ACCORDING TO AGE.

Causes of Death.

AGE GROUPS

	0-1		1-10		10-20		20-30		30-40		40-50		50-60		60-70		70-80		80-90		90-100	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Poliomyelitis ...	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Infective and Parasitic Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Malignant Neoplasm, Stomach ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	2	-	-	-	-
" " Lung ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-
" " Breast ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	-	-	-
Other Malignant Neoplasms	-	-	-	-	-	-	-	-	-	-	-	-	3	1	-	2	-	1	-	-	-	-
Leukæmia ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-
Diabetes ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Vascular Lesions of Nervous System	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	5	3	-	7	-	1	-
Coronary Disease ...	-	-	-	-	-	-	-	-	-	-	-	1	-	2	1	2	3	1	1	-	-	-
Other Heart Disease ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	1	2	-	3	-
Other Circulatory Disease	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-
Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Bronchitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Ulcer of Stomach ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Gastritis ...	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Nephritis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2	-	-	-
Other Defined and Ill-defined Diseases	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	-	-
All other Accidents ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
TOTAL	1	1	-	-	1	-	-	-	-	-	1	-	7	5	8	15	10	9	14	-	-	4

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Ambulance Facilities.

All applications for the use of ambulances should now be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Arrangements for the removal of smallpox cases (suspected or confirmed) are dealt with by the Aldershot Ambulance Station (Telephone, Aldershot 299), but applications should be made through the Ambulance Officer at Fareham.

Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc.) and samples of water, milk and foodstuffs are sent for bacteriological examination to Brigadier H. T. Findlay who has become Director of the Public Health Laboratory on the retirement of Dr. R. Mackenzie.

Some specimens in connection with cases of infectious diseases, which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth (Telephone, Portsmouth 74785).

The laboratories are not open on Saturday afternoons, but some of the staff attend on Sundays from 10 a.m. to 12 noon.

Samples may be deposited in the sample box placed outside the Public Health Laboratory, Winchester or they may be left at the Porter's Lodge of the Infectious Diseases Hospital, Portsmouth, at any time.

Samples of water, sewage, milk, etc., for chemical analyses are sent to the City Analyst, Portsmouth (Telephone, Portsmouth 5482).

Nursing in the Home.

There are two midwives practising in Petersfield. Miss B. E. Bloomfield, s.c.m., 20 Burnt Ash Cottages, Steep Marsh, Petersfield (Telephone, 676) serves Stroud, Sheet and North Petersfield, and Mrs. M. C. Lapper, s.r.n., s.c.m. (Queen's Nurse), 22 Queen's Road, Petersfield (Telephone, Petersfield 628) carries out her duties in South Petersfield.

The Health Visitor, Mrs. C. E. Foster, s.r.n., s.c.m., A.R.San.I., carries out the Public Health work in the district under the direction of the County Medical Officer.

Maternity Cases.

The Grange Nursing Home, Liss, and Northlands Maternity Home, Emsworth, are available for the admission of maternity cases.

Applications are generally made to the County Medical Officer who arranges for a home visit by the District Nurse.

Home Help Service.

The office of Mrs. Drake, the assistant organiser of the Home Help Service, is now situated at the rear of the Town Hall, Petersfield (Telephone, Petersfield 771, extension 18). The office is open Monday to Friday, 9 a.m. to 1 p.m., and applications for Home Help should be made direct to Mrs. Drake.

Clinics.

The following Clinics are held at the County Council Health Centre, 1 Ramshill, Petersfield.

*Ophthalmic Clinic	By appointment.
*Orthopædic Remedial Clinic ...	1st Tuesday mornings and other Tuesday afternoons by appointment.
Child Welfare Centre ...	Wednesday afternoons.
Verminous Cleansing Clinic ...	Friday mornings.
School Clinic	Friday mornings.
Dental Clinic	By appointment.
Speech Therapy Clinic ...	Tuesday mornings (except 1st Tuesday) by appointment.

Child Welfare Centre.

The Child Welfare Centre is held every Wednesday afternoon, at County Council Health Centre, Petersfield. It is managed by a Local Committee, and the work of these voluntary helpers, who assist the medical staff, is greatly appreciated.

***Tuberculosis Clinic.**

A Chest Clinic is held at the Queen Alexandra Hospital, Cosham (Telephone, Cosham 75227, extension 58).

Wednesdays 9.45 a.m. Old patients by appointment.
2.0 p.m. New patients.

Thursdays 9.45 a.m. Old patients by appointment.
2.0 p.m. Refills.

One evening session is held on first Thursday in the month by appointment.

Dr. Butterworth, the Chest Physician, is in attendance.

A Clinic is also available at the Health Department, The Castle, Winchester, every Wednesday at 10 a.m. (old patients) and 2.30 p.m. (new patients).

***Venereal Diseases.**

Treatment is available at St. Mary's Hospital, Portsmouth.

Males : Tuesdays and Thursdays, 10 a.m. to 7 p.m.

Females : Mondays 5 p.m. to 7 p.m., Wednesdays 2 p.m.,
Fridays 10 a.m.

SCHOOL HEALTH SERVICES.

***Orthopaedic Clinics.**

Orthopædic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following Clinics :—

Alton. *Surgeon's Clinic*, held at Lord Mayor Treloar Hospital, on fourth Tuesdays, odd months, at 10 a.m., and on Friday at 2 p.m. *by appointment*.

Havant. *Surgeon's Clinic*, held at County Council Health Centre, on fourth Tuesdays, even months, at 10 a.m.

Minor Clinic, held at County Council Health Centre, on second Wednesday, each month, at 10 a.m.

Remedial Clinic, held at County Council Health Centre, on Wednesdays, all day.

Petersfield. *Remedial Clinic*, held at County Council Health Centre, Ramshill, first Tuesday, at 10 a.m., other Tuesdays at 1.30 p.m.

Orthopædic cases, requiring remedial treatment, are referred to this Clinic.

***Ophthalmic Clinic.**

This is held for school and pre-school children at the County Council Health Centre, Ramshill, *by appointment*.

***Orthoptic Clinic.**

Cases, selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

***Ear, Nose and Throat Clinics.**

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

School Clinic.

This is held at the County Council Health Centre, Ramshill, Petersfield, on Friday mornings.

The Health Visitor attends every Friday morning till noon ; the Medical Officer is in attendance on the first Friday of the month.

Speech Therapy Clinic.

Cases attend at the County Council Health Centre, Ramshill, Petersfield, on Tuesdays at 9.30 a.m. *by appointment* (except first Tuesday).

Child Guidance Clinic.

Cases are seen, *by appointment*, at County Council Health Centre, Petersfield.

Verminous Cleansing Clinic.

A Cleansing Centre is available at the County Council Health Centre, Ramshill, Petersfield.

The Clinic is held on Fridays at 9.30 a.m.

Dental Clinic.

Dental Clinic, when required, are held at the Schools and at the County Council Health Centre, Ramshill.

** These services are the responsibility of the Regional Hospital Board.*

HOSPITALS.

General.

There are four general hospitals available for the admission of patients from Petersfield.

PETERSFIELD GENERAL HOSPITAL.

The Petersfield Hospital (Telephone, Petersfield 19) has twenty-four beds available for medical and surgical cases.

It is administered by the Portsmouth Group Hospital Management Committee.

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 2103).

ST. MARY'S HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 2476).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.

(Telephone, Winchester 5151).

Heathside Hospital, Petersfield.

This institution, which is under the control of the same Committee as the General Hospital, Petersfield, has been utilised for the care of chronic sick patients since the 1st October, 1949. There are forty beds available.

Infectious Diseases.

Since the closure of the Petersfield Infectious Diseases Hospital, there is no infectious diseases hospital situated in the district.

Any Infectious Diseases Hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road (Telephone, Portsmouth 2046), which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute polio-myelitis to Lord Mayor Treloar Hospital, Alton (Telephone, Alton 2238).

Sanatoria.

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

Smallpox.

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital.

The Bed Admissions Office (Telephone, Winchester 2261) deals with the admission of these patients.

HOUSING.

Provision of New Houses.

During the year, nineteen traditional type houses and flats were completed by the Council.

In addition, by private enterprise, twenty-two houses were built and two large houses were converted into four flats.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The Food and Drugs (Milk and Dairies) Act, 1944, is the principal Act dealing with milk production and distribution.

The Ministry of Agriculture and Fisheries is responsible for the supervision of milk production on the farms, whilst Local Authorities control milk distributors and retail dairies.

The Milk (Special Designation) Act, 1949, and regulations made thereunder, deal with the issue of licences for the following grades of milk :—

1. Tuberculin Tested.
2. Accredited.
3. Pasteurised.
4. Sterilised.

1. TUBERCULIN TESTED.

Milk Licences to produce this grade of milk are issued by the Ministry of Agriculture and Fisheries.

Local Authorities may issue "Dealers' Licences" authorising the use of the designation in relation to milk sold in the district.

Six "Dealers' Licences" were issued during the year.

2. ACCREDITED MILK.

Licences to produce this grade of milk are also issued by the Ministry of Agriculture and Fisheries.

New Accredited Licences will not be issue after 1952 and the designation will cease to exist after October 1954.

Local Authorities may issue "Dealers' Licences" for the retail sale of Accredited Milk. One licence was issued during the year.

3. PASTEURISED MILK.

The Act places the responsibility on Food and Drugs Authorities for issuing licences to Pasteurise.

The Hampshire County Council, which is the Food and Drugs Authority in this district, delegated its functions under the Milk (Special Designation) (Pasteurised and Sterilised) Regulations, 1949, to the Councils of County Districts, who will continue the supervision and sampling of Pasteurisation Plants.

Two kinds of Pasteurising Plants are permitted by the regulations : (1) "Holder Type" in which the milk is held at a temperature of 145-150° F. for thirty minutes ; (2) H.T.S.T. plants in which the minimum temperature is 161° F. and the milk is held for fifteen seconds.

Three licences to produce Pasteurised Milk were issued by this Council in 1953. Over ninety per cent of all the milk, sold in the district, is pasteurised. All the milk supplied to schools is pasteurised.

In addition, one "Dealers' Licence" to sell Tuberculin Tested Pasteurised Milk and two "Dealers' Licences" to sell Pasteurised Milk were issued during the year.

4. STERILISED MILK.

The regulations require that milk shall be filtered and clarified, homogenised and heated to and maintained at not less than 212° F. for such a period as to ensure that it will comply with a turbidity test as prescribed in the regulations. There are no plants for the production of this grade of milk in the Urban District.

FOOD HYGIENE.

In the home, the consumption of any food, that has been dangerously contaminated, will affect only the family ; whereas, in a canteen, restaurant or café, hundreds of people may be affected simultaneously.

Apart from the risk of food poisoning, the very thought of eating food from dirty utensils or of eating any food, that has been handled by someone with dirty hands, is most objectionable.

Prevention is better than cure and a great deal can be done to prevent the dangerous contamination of food. The remedy, of course, lies mainly in the personal cleanliness of the food handlers.

The washing of hands immediately after using the lavatory is absolutely essential for everybody.

Any food handler, infected with diarrhœa or with septic sores or boils, should not be allowed to handle food. It should constantly be borne in mind by all concerned in the handling, preparation and storage of food—and particularly by those who work in canteens or who serve food to large numbers—that the utmost care must be taken to obviate the risk of food poisoning, which may occur, even in the best equipped of canteens.

Hands become contaminated when the nose is blown ; when the fingers touch the nose or mouth, or hair ; when the fingers touch the lips during smoking ; and when the fingers touch soiled articles.

Most important of all, is the fact that they become contaminated during each visit to the lavatory—for toilet paper is porous.

Once contaminated, the hands will leave bacteria behind on everything they touch.

The air itself may convey the infection to the food by a spray of droplets during the acts of spitting, coughing, sneezing, whistling, blowing or even talking loudly *over food*. So food and dishes should be kept under cover to protect them from dust, and from droplet infection as well as from flies, cockroaches, rats and mice.

It is well known that some sporadic cases and outbreaks of food poisoning have been traced to the consumption of duck eggs, and the following is an extract from a recent report made by the Salmonella Sub-Committee of the Public Health Laboratory Service on Salmonella in Duck Eggs.

“ It is probable that many infected duck eggs are eaten by the general public and, as a result, a number of persons suffer from food poisoning.

The danger of the use of duck eggs by canteens or institutions in the preparation of uncooked and lightly cooked foods, such as mayonnaise, custards, custard fillings, meringues and other dishes, is obvious ; as not only will the *Salmonellæ* not be killed, but the temperature used may lead to an increase in their number, resulting in a serious outbreak of food poisoning.

It is worth pointing out that duck eggs eaten fried, poached, lightly boiled or in omelettes will not be sufficiently heated to kill *Salmonella* and may cause sporadic infections.

The Ministry of Food has recommended that duck eggs should be immersed in boiling water, and boiling should be continued for fifteen minutes. It is recommended that no duck eggs either alone or mixed with hen eggs, should be used, except for the preparation of foods requiring a long period of cooking at a high temperature.”

Food poisoning occurs only if food poisoning germs have an opportunity of multiplying in the food in which they are present. For this to happen, they must have a vulnerable food under suitable temperature and moisture conditions for a period of time.

Vulnerable foods—which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream—are normally quite safe when prepared ; but they act as ideal breeding grounds for any dangerous germs that gain access, especially if kept at warm temperatures.

Refrigeration definitely retards the growth of bacteria and conserves the food in a wholesome and palatable condition.

Many outbreaks of bacterial food poisoning would never have occurred if the incriminated food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day.

Made-up meat dishes and other vulnerable foods are easily contaminated and provide an ideal medium for the growth and multiplication of bacteria.

Refrigeration temperatures do not kill the bacteria which remain in a resting stage ; so it must not be forgotten that, when previously contaminated food is removed from the refrigerator, the bacteria will slowly recover from their shock and start reproducing once again. This recovery period will naturally depend on the time, temperature and humidity as well as upon the type of the organism concerned.

But emphasis should rightly be placed rather on methods of preventing the food from becoming contaminated in the first place.

However, it is most important that vulnerable food should be stored at a low temperature in a refrigeration or a cool larder to prevent the germs from multiplying.

A recent Ministry of Education circular points out :—

“ If all food were kept cold till it was cooked ; if the cooking were done thoroughly, if all cooked food were eaten immediately after cooking or cooled down at once and kept cool till it was to be used, there would be very little food poisoning in school canteens.”

These remarks apply equally well to all communal feeding centres—including cafés ; and, if only customers would complain to the managements of food premises when dissatisfied, there would undoubtedly be an improvement. After all, it is in the interest of the food traders as well as the public that the standard of hygiene should be high in order to attract customers.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

INTERNATIONAL SANITARY REGULATIONS, 1952.

International Travel.

The increasing speed of travel by air and sea introduces an increased risk of importing travel-borne diseases and, without returning to the health control measures enforced in the old Quarantine Acts, it is not possible to provide an absolute barrier to these occurrences.

Some of the principal changes in seaport and airport health administration, brought about by the International Sanitary Regulations, 1952, are outlined in the following extract from the latest report of the Chief Medical Officer to the Minister of Health.

The Port Medical Officer is empowered to :—

- (1) Inspect ships and aircraft (irrespective of their ports of origin) on Public Health grounds ;
- (2) Take precautions for the protection of the public against all infectious and contagious diseases.

Up to the time of the adoption of the International Sanitary Regulations, air passengers were considered a special health risk due to their travelling time being normally less than the incubation period of the "quarantinable diseases" (i.e. plague, cholera, yellow fever, smallpox, typhus and relapsing fever). There is now no distinction in the health control of air travellers and others, except where travel to and from yellow fever areas is concerned.

International travellers, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding twenty-one days.

The absence of lists of names and addresses of passengers arriving by aircraft has made it necessary to make alternative arrangements through the co-operation of the press and the B.B.C. for tracing contacts of cases which occur after arrival by air.

Passengers, undertaking international travel, must be in possession of certain vaccination certificates depending upon the place of departure, the countries of transit and the destination. International Certificates are issued in connection with smallpox, yellow fever and cholera.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

The international certificate forms must be obtained by the traveller himself from the travel agency of Ministry of Health except those for yellow fever which are held at certain recognized centres where the vaccination is performed.

Details of immunisation requirements can be obtained from the airline or steamship company concerned or from the consulates of the countries to be visited.

Vaccination.

The National Health Service Act left the question of vaccination entirely to the good sense and discretion of the parents.

It was hoped that the voluntary response would be as successful as in the case of diphtheria immunisation.

Strange as it may seem, however, this has not been the case ; and the vaccination state of the population in Great Britain, which has in the past few years been consistently falling, is now at such a low level as to cause concern.

In fact, the occurrence of two fairly recent outbreaks of smallpox only confirms that the general state of immunity against this disease is not sufficient to prevent an epidemic.

It is therefore all the more important that primary vaccination should be carried out.

Vaccination is far too frequently refused because parents are under the impression that it will harm their babies.

If the *first vaccination* is put off until adolescence or later, there may be a very slight risk ; but that is, of course, all the more reason for vaccinating the child in infancy—especially in these days when people travel abroad so much more and any young man may be sent, during his National Service training, to a smallpox infected area.

The ideal time for the first vaccination is during the first six months of infancy—preferably about the fourth month.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

Children should be re-vaccinated before the age of ten years—preferably between seven and ten years—and on subsequent occasions if there has been exposure to smallpox.

Re-vaccination, done at school age, is practically trouble free and this procedure, carried out as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chances of rapid spread of smallpox.

Diphtheria Immunisation.

Children may be immunised by their own doctors or at the Child Welfare Centre.

During the year, two hundred and seventy-three immunisations against diphtheria were carried out.

Immunisation.	Pre-school Children.	School Children.
Primary ...	70	5
Re-inforcing ...	10	188

The following table gives the annual incidence and mortality from diphtheria since 1938.

	1938	1939	1940	1941	1942	1943	1944	1945
Cases	9	1	2	1	—	9	—	—
Deaths	1	—	—	—	—	—	—	—
	1946	1947	1948	1949	1950	1951	1952	1953
Cases	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—

It is satisfactory to report that there has only been one death from diphtheria since the Council's scheme for diphtheria immunisation by general practitioners was commenced in 1935.

It will also be noted that no case of diphtheria occurred during the past ten years.

In 1943, the nine cases occurred amongst Portsmouth evacuees at West Mark Camp.

There have been no cases in local children since 1941.

Diphtheria Immunisation Propaganda.

The following information has been extracted from reports of the Ministry of Health and pamphlets issued by the Central Council for Health Education :

“The number of deaths from diphtheria has fallen from a yearly average of some 2,100 in 1930-40 to about 25 in 1953.

The great majority of parents now-a-days have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria.

It is still true that diphtheria kills and that we must never forget that the elimination of this disease is conditional upon the maintenance of an adequate level of immunisation. So parents must be continually reminded that, if they think they need no longer have their babies immunised, there may be a return of diphtheria outbreaks, as exemplified during a recent outbreak in the Midlands, where among seventy-eight cases there were six deaths—all of them children who had not been immunised.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever present risk of a return to high mortality ; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case.”

The Ministry of Health recommends that all children should be immunised before their first birthday—preferably at the age of seven or eight months and that they should receive a “ booster ” or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is, therefore, of the utmost importance for parents to realize that active immunisation in the first year of life and re-inforcing doses of prophylactic in latter years are just as necessary in the absence of diphtheria epidemics as in their presence.

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs topping-up to maintain its full efficiency. So children should be immunised in the first year of life and have their first "topping-up" before reaching school age.

The object of publicity campaigns in the fight against diphtheria is to secure at least 75% of the babies are immunised before the end of the first year of life.

The figure for the first half of 1953 in England and Wales is estimated to be only 31·5 per cent, while, in this district, approximately 53 per cent of the children, born during the year 1952, were immunised before they attained the age of one year.

Although children up to five years old are in the most susceptible age group, all under fifteen should be immunised.

During the year, a publicity campaign was carried out in the schools and, in addition, a slide was shown and leaflets and consent cards were distributed at the Savoy Cinema, Petersfield, by kind arrangement with the management.

Notifiable Diseases.

Particulars of cases of Infectious Diseases, that occurred during the course of the year, are shown in the following table :—

Diseases.				Total Cases Notified.		Total Deaths.	
				M.	F.	M.	F.
Scarlet Fever	...	...	...	—	1	—	—
Diphtheria	...	.	...	—	—	—	—
Puerperal Pyrexia	...	...	...	—	—	—	—
Pneumonia	...	...	...	—	—	—	—
Dysentery	...	...	...	—	—	—	—
Erysipelas	...	...	...	—	—	—	—
Ophthalmia Neonatorum	...	...	...	—	—	—	—
Enteric Fever (including Paratyphoid)	...	...	...	—	—	—	—
Acute Polio-myelitis and Polio-encephalitis	...	...	...	1	—	1	—
Cerebro-spinal Fever	...	...	...	—	—	—	—
Measles	...	...	...	69	60	—	—
Whooping Cough	...	...	...	32	28	—	—
TOTALS	...	...	...	102	89	1	—

An analysis of the total notified cases according to age groups is given below :—

Age Group.	Scarlet Fever.		Measles.		Whooping Cough.		Acute Polio-myelitis.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	3	2	—	—
1 - 2 years ...	—	—	10	4	9	4	—	—
3 - 4 „ ...	—	—	20	10	8	5	—	—
5 - 9 „ ...	—	—	37	44	10	16	—	—
10 - 14 „ ...	—	1	2	2	1	—	—	—
15 - 24 „ ...	—	—	—	—	—	—	1	—
25 - 34 „ ...	—	—	—	—	—	—	—	—
35 - 44 „ ...	—	—	—	—	1	1	—	—
45 - 64 „ ...	—	—	—	—	—	—	—	—
65 and over ...	—	—	—	—	—	—	—	—

Only certain forms of Pneumonia are notifiable.

No deaths from Infectious Diseases occurred.

Scabies.

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection ; and all members of the same family should present themselves for treatment simultaneously—whether or not they complain of “The Itch” and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

Pediculosis.

Cases of Pediculosis (head lice) may be referred for treatment at the Cleansing Clinic, County Council Health Centre, Ramshill, Petersfield, on Friday mornings.

Pediculosis should also be regarded as a family infection ; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

TUBERCULOSIS.

<i>Age Period.</i>	<i>New Cases.</i>				<i>Deaths.</i>			
	<i>Respiratory.</i>		<i>Non-Respiratory.</i>		<i>Respiratory.</i>		<i>Non-Respiratory.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0 - 1 ...	—	—	—	—	—	—	—	—
1 - 5 ...	—	—	—	—	—	—	—	—
5 - 15 ...	—	—	1	—	—	—	—	—
15 - 25 ...	1	1	—	—	—	—	—	—
25 - 35 ...	—	—	—	—	—	—	—	—
35 - 45 ...	—	—	—	—	—	—	—	—
45 - 55 ...	—	—	—	—	—	—	—	—
55 - 65 ...	—	—	—	—	—	—	—	—
65 and over ...	—	1	—	—	—	—	—	—
TOTAL ...	1	2	1	—	—	—	—	—

On 31st December, 1953 the total number of cases on the register was fifty-four.

Report on the Work of the Sanitary Inspector

for the year ended 31st December, 1953.

Water Supply.

The chief source of supply is from two deep boreholes situated at Sheet. This is augmented by spring water from Oakshott.

The two sources of supply were sufficient to meet requirements. These supplies are chlorinated and samples are regularly sent for analysis. During the year sixty-four samples of the public supply were analysed and sixty-two were reported on as satisfactory.

Water Samples.

		<i>Number of</i>				
		<i>Samples.</i>		<i>Satisfactory.</i>		<i>Unsatisfactory.</i>
Oakshott	...	36	...	35	...	1
Borehole	...	14	...	14	...	—
Mixed	...	14	...	13	...	1
		—		—		—
TOTAL	...	64	...	62		2
		—		—		—

A typical bacteriological report on the water is as follows :—

Petersfield Public Supply.

Number of Colonies	1 day at 37°C	2 days at 37°C	3 days at 20°C
developing on Agar.	0 per ml.	0 per ml.	1 per ml.
Presumptive coli-aerogenes reaction	<i>Present in.</i>	<i>Absent from.</i>	<i>Probable numbers.</i>
	- ml.	100 ml.	0 per ml.
Bact.-coli (Type 1)	- ml.	100 ml.	0 per ml.
Ch. Welchii Reaction	- ml.	100 ml.	

This sample is clear and bright in appearance and conforms to the highest standard of bacterial purity.

These results are indicative of a water which is wholesome in character and suitable for public supply purposes.

(Signed) ROY C. HOATHER,
Counties Public Health Laboratories,
London.

The results of a chemical sample is as follows :—

Higher Oakshott Spring, 16/2/54.

Appearance clear and bright. Hazen less than 5.

Odour nil. Taste normal.

Reaction pH 7.4.

Parts per million.

Total solid residue dried at 180°C	...	...	250
Suspended Solids	...	...	Nil
Ammoniacal Nitrogen	...	...	0.01
Albuminoid Nitrogen	...	...	0.03
Nitrate Nitrogen	...	...	2.0
Nitrite Nitrogen	...	...	0.0
Chlorine present as chloride	...	...	15.0
Oxygen absorbed 4 hrs. at 27°C	...	...	0.05
Hardness	Carbonate (Temporary)	...	185
	Non-Carbonate (Permanent)	...	10
	Total	...	195
Metals—Lead, Copper, Iron, Zinc	...	...	Nil

Observations :

This sample is free from organic pollution and free from any indication of remote oxydised pollution. It is free from metallic contamination.

The character of this water is almost identical with that of Lower Oakshott Spring, the only difference being a small reduction in the hardness salts and a corresponding small increase in other dissolved solids.

In my opinion it is a pure, wholesome water suitable for drinking and domestic purposes.

(Signed) A. C. WILLIAMS,
Public Analyst,
City of Portsmouth.

99.3% of the houses in the district have a constant supply of water supplied direct into the premises.

Drainage and Sewerage.

An extension of the sewerage system was constructed to drain the housing site in Queens Road and a private builder has extended the sewer at Sheet to drain a number of private houses.

Closet Accommodation.

With few exceptions, the pails of the houses, that are not connected to the public sewer, are emptied twice a week by the Hants Cleansing Service.

Public Cleansing.

The Council is responsible for the cleansing of all the roads in the district.

Refuse collection is carried out weekly at Petersfield and Sheet, and fortnightly at Stroud.

These services are the responsibility of the Surveyor's Department.

Shops.

Shops are inspected for compliance with the Shops' Act, especially where changes are made. No cases of infringement were found.

Eradication of Bed Bugs.

No case of infestation by bed bugs was reported.

Camping Sites.

Regular inspections were made of all licensed sites. These are all reasonably well kept.

The site in the Causeway is in the process of developing and when all the Councils' conditions are complied with the site will be capable of taking one hundred caravans.

The development includes a water tap to every two caravans, and a central block of sanitary conveniences which drain to a small disposal plant.

The site has already been approved by the Caravan Club of Great Britain.

Rodent Control.

Work on this was maintained throughout the year and block control was carried out. No new major infestations were found.

1. PREVALENCE OF RATS AND MICE.

TYPE OF PROPERTY.	(i)	(ii) Number of properties in Local Authority's Area.	(iii)	(iv)	(v) Analysis of Column iv.	(vi)	(vii)			
								In which infestation was	Number infested by	
									Notified by Occupier.	Otherwise discovered.	Recorded total of (ii) and (iii)	Major.	Minor.	Mice only.
Local Authority's Property (not including houses)	14	...	4	4	1	3	...			
Dwelling Houses	2032	53	24	77	...	77	4			
* Business Premises	395	16	...	16	...	16	...			
Agricultural Property	30	3	...	3	...	3	...			
TOTAL	2471	72	28	100	1	99	4			

* Includes Combined Dwelling and Business Premises occupied by the same person.

2. MEASURES OF CONTROL BY LOCAL AUTHORITY.

TYPE OF PROPERTY.	No. of properties inspected.	No. of inspections made.	Number of notices served under Section 4.		Number of treatments carried out.				Block treatments of properties in different occupancies under Section 6 (i) or by informal arrangement.			
					By arrangement with occupier.		Under Section 5 (i).					
			Treatments.	Works.	Rats.	Mice only.	Rats.	Mice only.	Number of blocks.	Surface.	Associated sewers.	
Local Authority's Property	11	69	...	...	13	...	...	...	...	...
Dwelling House	101	238	...	...	74	4	...	...	3	12	...
Business Premises	65	137	...	...	18	...	...	...	1	4	...
Agricultural Property	11	21	...	...	4	...	...	...	...	...	...
TOTAL	188	465	...	...	109	4	...	...	4	16	...

General Inspection of the Area.

Total number of visits made (including food inspections)	2803
Number of complaints received and dealt with	... 142

Visits and Inspections.

Bakehouses	... ..	18
Butchers and Fishmongers	... ..	172
Cafes ...	... ..	53
Camping Sites	... ..	24
Common Lodging House	... ..	4
Dairies (including Sampling)	... ..	235
Drainage (including Drain Testing)	... ..	106
Factories	... ..	58
Food Preparing Premises	... ..	26
Fried Fish Shops	... ..	6
Grocers and Confectioners	... ..	86
Greengrocers	... ..	22
Housing (Public Health and Housing Act)	... ..	92
Hotels	... ..	22
Hawkers	... ..	34
Ice Cream (re sale of)	... ..	23
Infectious Disease	... ..	23
Market	... ..	114
Miscellaneous	... ..	204
New Buildings	... ..	101
Meat Inspection (Grange Slaughterhouse)	... ..	509
Privies and Cesspools	... ..	14
Refuse Dumps re Flies and Rodent Control	... ..	47
Rodent Control	... ..	459
Sewage Works re Rodent Control	... ..	24
Schools	... ..	11
Shops (Shops Act)	... ..	70
Water Supply (including sampling)	... ..	246

Summary of work carried out under Public Health and Housing Act.

1. Inspection of dwelling-houses during the year—
 - (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 44
 - (b) Number of inspections made for the purpose 92
 - (2) (a) Number of dwelling-houses (included under sub-head [1] above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 26
 - (b) Number of inspections made for the purpose 55
 - (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation Nil
 - (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, reasonably fit for human habitation 26
2. Remedy of defects during the year without service of formal notices—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 24
3. Action under Statutory Powers during the year—
 - (a) Proceeding under Sections 9, 10 and 16 of the Housing Act, 1936—
 - (1) Number of dwelling-houses in respect of which Notices were served requiring repairs Nil
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices—
 - (a) By owners Nil
 - (b) By Local Authority in default of owners Nil
4. Overcrowding—

No cases of overcrowding were found during the year.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The Food and Drugs Act, 1944, which came into force on the 1st October, 1949, places the responsibility for the supervision of the retail dairies and distributors on Local Authorities.

Under the Milk(Special Designation)(Pasteurised and Sterilised) Regulations, 1949, the licensing of Pasteurising plants is the responsibility of Food and Drugs Authorities. The Hampshire County Council have delegated their functions under these regulations to the Councils of County Districts.

The three pasteurising plants in the district have operated on the whole satisfactorily during the year.

The samples taken from two of the plants were all satisfactory, but in the Autumn samples taken at the other plant were unsatisfactory, the cause of the failure was difficult to trace, and many visits were made to the dairy before the fault was found. Since then all the samples have been satisfactory.

The one High Temperature Short Time Pasteurisation Plant in the district has now operated for over five years with a record of no unsatisfactory samples since it was first installed.

Attention was again given to the sterilisation of milk bottles and monthly samples are now taken, this helps the dairyman to keep check of his methods, but there is still room for improvement in the cleansing of bottles.

All the dairies have now installed mechanised bottle washing machines which led to an improvement in the result of the samples towards the end of the year.

DETAILS OF MILK PRODUCERS AND DEALERS.

Number of—

Retail Purveyors	...	...	...	6
Wholesale Dealers	...	...	...	1
Licensed Retailers of Tuberculin Tested Milk	...	...	...	6
Licensed Producers of Pasteurised Milk	...	...	...	3
Licensed Retailers of Pasteurised Milk	...	...	...	6
Inspections made of Dairies	...	...	...	55

DETAILS OF SAMPLING.

Visits re sampling	...	...	...	180
	No. of Samples.	Satisfactory.	Failed Methylene Blue Test.	Failed Phosphatase Test.
Pasteurised Milk	165	157	1	7
T.T. Pasteurised	5	5	—	—

MILK BOTTLES.

No. of Samples.	Satisfactory.	Unsatisfactory.
149	90	59

Meat and other Foods.

(a) MEAT INSPECTION.

The Government slaughter-house at the Grange continued in use throughout the year. Slaughtering was again heavy and entailed a large amount of time on meat inspection, often late in the evening and on every Sunday from July until Christmas.

As in previous years, one hundred per cent inspection of all carcasses and offal was carried out.

The new experimental Government Slaughter-house at Fareham was in operation during the year, but it did not materially affect the numbers of animals killed at Petersfield.

CYSTICERCUS BOVIS.

Systematic inspection for this disease was again carried out throughout the year; in each case, the internal and external masseter muscles of the head, the pillars of the diaphragm and the heart muscles were incised. This inspection is particularly important, as infected meat may give rise to the Tapeworm *Tænia Saginata* in humans.

The number of cases discovered, twenty-eight, was considerably less than in previous years, and indicates a decline in the prevalence of the disease.

The head, tongue and heart were condemned in every case, the remainder of the offal and the carcass are sent for cold storage for twenty-one days at 16°F. This freezing kills any cysts which may be in the carcass. After release from cold storage, the carcass is used for manufacturing purposes.

Details of cases found are as follows :—

Cases discovered	...	...	28
(Market: Local 10; South West 6; Midland 1; East 3; Irish 8).			
Percentage of animals killed	...	...	0·48
Type of animal—			
Steer	...	...	24
Heifer	...	...	4
Primary Cyst discovered—			
Head	...	...	18
Heart	...	...	10

The incidence was again highest during the summer months.

DISTOMATOSIS (FLUKE DISEASE) in cattle livers was again very prevalent. The wastage of liver is considerable.

Details are as follows—

Whole livers condemned	...	1324
Part livers condemned	...	747
<i>Total</i>		2071
Weight	...	20,352 lbs.
Percentage of total inspected	...	35'89

The number of livers, affected with Distomatosis, is mainly responsible for the high percentage of cattle affected with disease other than Tuberculosis, as shown in the following table :—

DETAILS OF INSPECTIONS.	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	4360	1382	413	7542	179
Number inspected	4360	1382	413	7542	179
<i>All diseases except Tuberculosis—</i>					
Whole carcasses condemned ...	3	6	11	12	16
Carcasses of which some part or organ was condemned ...	1201	462	17	255	22
Percentage of the number inspected affected with disease other than Tuberculosis	27'61	33'85	6'77	3.54	21.23
<i>Tuberculosis only—</i>					
Whole carcasses condemned ...	9	23	...	...	...
Carcasses of which some part or organ was condemned ...	214	236	...	...	4
Percentage of the number inspected affected with Tuberculosis ...	5'34	18'74	...	...	2.22

Diseases in Food Animals—Cattle.

DISEASES.	Whole carcasses and all offal		Hind Quarters		Fore Quarters		Other part carcasses		Livers		Part Livers		Lungs		Heads and Tongues		Hearts		Spleens		Skirts		Tripes		Guts		Udders		
	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	
Abscesses	...	-	-	-	-	-	5	148	150	2090	-	-	20	210	-	-	-	-	-	-	-	-	5	148	-	-	-	-	
Actinomycosis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	8	246	-	-	-	-	-	-	-	-	-	-	-	-	
Angioma	...	-	-	-	-	-	-	-	74	948	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Bruising	...	-	2	330	1	40	7	105	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cysticercus Bovis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	20	610	20	132	-	-	-	-	-	-	-	-	-	-	
Distomatosis	...	-	-	-	-	-	-	-	1324	17130	742	3123	20	206	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Emaciation (Pathological)	...	3	1160	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Fevered	...	2	1479	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Hydated Cysts	...	-	-	-	-	-	-	-	16	246	-	-	10	104	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mastitis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	28	840	
Other Diseases	...	-	-	-	-	-	1	661	-	-	-	-	-	-	-	-	4	25	6	12	-	-	5	148	2	40	-	-	
Multiple Tumours	...	1	487	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pleurisy	...	-	-	-	-	-	-	-	-	-	-	-	67	664	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Septicæmia	...	3	1432	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis	...	32	22784	-	-	10	1260	35	1029	38	538	-	-	235	2420	308	9029	10	68	18	44	18	37	36	1402	81	1620	12	360
TOTAL	...	41	27342	2	330	11	1300	63	1943	1602	20752	742	3123	352	3704	336	9885	34	315	24	56	18	37	46	2098	83	1660	40	1200

Diseases in Food Animals.

DISEASES.	CALVES						SHEEP						PIGS						Intestines				
	Carcasses		Heads		Plucks		Carcasses		Part Carcasses		Plucks		Livers		Carcasses		Part Carcasses			Plucks			
	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs		No	lbs		
Abscesses	2	14	.	.	.	.	4	25	.	.	.	.	113	220	.	.	2	30	.	.	
Bruising	
Distomatosis	
Dropsy	
Moribund	...	1	71	.	.	.	1	65	.	.	.	.	.	.	.	.	1	79	.	.	.	.
Fevered	4	269	.	.	.	.	.	.	.	.	6	649	.	.	.	.
Immature	...	2	59	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Inflammation	
Jaundice	...	1	57	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Joint Ill	...	5	212	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pleurisy	1	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Septicæmia	...	1	42	.	.	.	4	238	.	.	.	.	.	.	.	.	3	522	.	.	.	.
Tuberculosis	4	91	1	8
Uræmia	...	1	43
Enteritis	1	42
Emaciation	1	46	1	27
Erisepeles	1	102
Xanthosis	1	136
TOTAL	...	11	484	2	14	1	6	12	717	9	87	19	118	233	468	16	2270	12	265	3	20	5	56

(b) OTHER FOODS.

A reasonable standard of cleanliness was maintained in food shops generally, but still many small points in the handling of food can be improved.

No further action has yet been taken by the Government on the report of the Catering Trade Working Party, although new legislation on this matter is expected to be introduced shortly.

Circulars were again sent out in the spring to all premises concerned with the handling of food, again reminding them of the dangers of food poisoning, pointing out the dangerous foods and urging great care in the handling of food.

Food Premises.

Number.

Butchers and Food Preparing Premises (Registered Section 14 Food and Drugs Act, 1938)					5
Grocers	...	...	...	...	16
Greengrocers	...	...	...	...	6
Fishmongers	...	...	...	...	3
Confectioners and Sweets	...	...	...	...	23
Food Hawkers	...	...	...	...	3
Cafes	...	...	...	...	13
Hotels serving meals	...	...	...	...	10
School Canteens	...	...	...	...	4
Factory Canteens	...	...	...	...	1
Bakehouses	...	...	...	...	3
Fried Fish Shops	...	...	...	...	2
Ministry of Food Slaughter-house	...	...	...	...	1
Dairies	...	...	...	...	7
Ice Cream (Registered Premises, Section 14)—					
Sale of	...	...	...	...	16
Manufacture	...	...	...	...	Nil

The following foodstuffs were voluntary surrendered and condemned :—

6 tins Imported Ham.
 43 tins Luncheon Meat,
 29 tins Corned Beef and other meats.
 19 tins Milk.
 29 tins Vegetables.
 39 tins Fruit.
 240 lbs. Sausages.
 28 lbs. Fish.
 12 lbs. Cheese.
 113 lbs. Cooked Meat.
 105 lbs. Coco-nut Creams.
 8 lbs. Prunes.
 5½ lbs. Brains.

Adulterations.

The law relating to the composition of food and drugs is administered by the County Council. The Food and Drugs Act, 1938, places restrictions on the addition of other substances to any food or drug. It also controls the abstraction from food of any of its constituents. Probably the most important section in Part 1 of the Act is Section 3, which relates to the sale of food and drugs which are not of the nature, substance or quality demanded by the purchaser. Most of the prosecutions which arise are in respect of offences under this section.

I am indebted to Mr. C. O. Perry, Chief Inspector under the Food and Drugs (Adulteration) Act, for the information that thirty samples were taken in the district during the year.

Details of these are as follows :—

Fats	...	...	...	2
Drugs	...	...	...	2
Milk	...	...	...	20
Meat Products	...	...	...	1
Spirits	...	...	...	2
Other Foodstuffs	...	...	...	3
				—
				30
				—

All the samples proved to be satisfactory, and the twenty milk samples contained an average of 4·16% of milk fat and 8·80% of non-fatty solids.

FACTORIES ACT, 1937.

Part 1 of the Act.

1. Inspections for purposes as to health.

PREMISES.	Number on Register.	Inspections.	Number of written Notices.
(1) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	14	10	...
(2) Factories not included in (i) in which Section 7 is enforced by the Local Authority	42	48	...
(3) Other Premises in which Section 7 is enforced by the Local Authority ... ..	...	...	...
TOTALS	56	58	...

Cases in which **Defects** were found.

	<i>Found.</i>	<i>Remedied.</i>
Want of Cleanliness	1	1
Sanitary Conveniences unsuitable or defective	1	1
Not separate for sexes	1	1

Mr. C. Mainwaring is H.M. Inspector of Factories for the Portsmouth District, which includes the Petersfield Urban District. His address is 9 Western Parade, Southsea.

